Ø 02

DISCLOSURE

REPORT

FORM

DR-2

(Rev. 01/98)

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

	For Office Use Only
COMMITTEE NAME (Must be same as on Statement of Organization)	Comm. # 17/97
Committe to Elect Sis Greiman	
· · ·	Audiled
IMPORTANT: Indicate type of committee you are reporting for: (1)Statewide/Legislative Candidate (2)Statewide PAC (3)State Party (4)County/Local Candidate	Computer
(5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support State of Capolicates	
loy Lui 641-923-3224	1-15-63 DATE SIGNED
SIGNATURE OF TREASURER (or person filing this report) TELEPHONE	DATE SIGNED
Routine Penalties Due For Late Filed Reports Range from	\$20 to \$800
SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:	
I AM FILING A October 15 - December 31 REPORT FOR ANIA (1) ELECTIC	[
(report date) Indicate	one 1
□CHECK IF AMENDMENT TO REPORT DATED	Committees, enter Date of Election
Check it has is final (termination) report and a Matter of Dissolution in flori	y & Local Committees, enter County in Election is held
STATEMENT OF CASH ON HAND	
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)	s -O-
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A)	849. 58
Schedule F: Loans Received total (Attach Schedule F)	- 0-
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	
(Schedule H applies to Candidates' Committees Only)	
SUB-TOTAL	.5 849.58
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B)	849.58
Schedule F: Loan Repayments total (Attach Schedule F)	<u>_</u>
CASH ON HAND at the end of this reporting period (if final report, balance must	
be zero) (Attach DR-3)	s <u> </u>
JNPAID BILLS (From Schedule D - Attach Schedule D)	
N KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	
OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	s <u>- 8 -</u>
CANDIDATE COMMITTEES ONLY:	
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES _X NO
/ALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$
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	(1)	ONE DEPTEMBLE OF	1	. م	1
10/18/02	ľ	1240 Bush Ave Garner, IA 50438	Friend	100.	
12/31/02	ID#	Cory Greiman 2097 Sioux Auc Garner EA 50438	Husband	124.58	
10/21/02	ID# CK#	Richard Formanek 1450 280#St Gamer IA 50438	Friend	25.9	
	ID# CK#				
	ID# CK#				
	ID# CK#			·	
	ID# CK#				
	ID# CK#				

SUB-TOTAL \$849.59

TOTAL (If last page of this schedule) \$849.59

Page _____ of ____

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.



For Instructions, See Back of Form

CONTRIBUTIONS - MONEY TAKEN IN

(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
	CK THIS BOX IF VDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of Information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
10/17/02	ID# CK#	Joe Pritchard 710 2 3 Auc NW Britt, IA 50423	Friend	\$500.00	
10/18/02	ID#	Gay: Diane Lacabs 2155 James Ave Britt, IA 50423	Friend	100.00	
10/18/02	ID# CK#	N 0+	Friend	100.00	

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, UST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
	CK THIS BOX IF

AMOUNT PURPOSE NAME AND ADDRESS TO WHOM CANDIDATE EXPENDED (DESCRIBE TRANSACTION) EXPENDITURE ID NUMBER DATE (Disbursement) WAS MADE EXPENDED (if applicable) (MM/DD/YR) AND PAC CHECK NUMBER ID# Britt News 1. Tr. bure \$116.88 O. Box 38 10/18/02 Newspaper CK# + IA 50423 e of Iowa ecounte Recievable 26.26 bower Building Des Moines, IA (31~9 PSI 4 s+5W 42.40 massicity, IA 50401 ID# KanawhaKeportu 40, Box196 74.50 Kanawhar IA 50447 ID# KIOW Kadio 18643 360+) St Box 308 Forest City, IA 50436 ID# 105 South Clark S+ 173,62 CK# LC, III IH SO436 ID# Britt Wews (Tribune RO. BOX3B 1D# 365 State St CK# Gamer IX-50438 SUB-TOTAL \$801.95

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(1).)

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TOTAL (If last page of this schedule)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES. LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
	CK THIS BOX IF NDING FORM

Com	n!tted	Elect Sis Gre.	man	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
1/8/03	CK# 9	Kanawha Reporter P.O. BOX 190 Kanawha, IA 5044 CWL Tines P.O. BOX321 Convith IA 50430	7 (No cuspaper)	\$ 15, 99
1/8/03		CWL Times Po. Box321 Comith IA 50430	(weispaper)	32.63
	ID# CK#			
			SUB-TOTAL TOTAL (If last page of this schedule,	171.43

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G Instructions and lowa Code 56.6(3)(i).)

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COMMITTEE NAME (Must be same as on Stalement of Organization)

Committee to Elect Sis Greiman

SCHEDULE E	IN KIND
(Rev. 06/97)	-
	
□ CHECK	(THIS BOX IF

DATE RECEIVED (MWDD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
10/24/62	Diane Para 2415 Oak Ave Garner IA 50438	Friend	Mailing Packills Labris, Trabass, postage Postage	250.00	
16/26/62	Diane Para 2415 Oak Ave Garner, IA 50438 Cory Greiman 2097 Sioux Ave Garner IN 50438	husband	postage	204.00	
					i 1
			SUB-TOTAL	\$, ,	
			; teal II) JATOT	454	
			page of this	الاصلام	

*Olsclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consangularity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page (for Schedule E)

schedule)